## IN THE UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF PUERTO RICO

IN RE	*	CASE NO. 20-04827/EAG
	*	
JOSE ANDRADES MALDONADO	*	CHAPTER 13
	*	
DEBTOR	*	

# DEBTOR'S NOTICE OF FILING OF AMENDED SCHEDULES "I "& "J" OFFICIAL FORM 106I & 106J

#### TO THE HONORABLE COURT:

**COMES NOW, JOSE ANDRADES MALDONADO,** the Debtor in the above captioned case, through the undersigned attorney, and very respectfully states and prays as follows:

- 1. The Debtor is hereby submitting *Amended Schedules "I" and "J"*, dated January 29, 2024, herewith and attached to this motion.
- 2. The amendments to Schedules "I" and "J" is filed to reflect Debtor's actual income and expenses, in the above captioned case.

#### NOTICE PURSUANT TO LOCAL BANKRUPTCY RULE 1009(b)

Within thirty (30) days after service as evidenced by the certification, and an additional three (3) days pursuant to Fed. R. Bank. P. 9006(f) if you were served by mail, any party against whom this paper has been served, or any other party to the action who objects to the relief sought herein, shall serve and file an objection or other appropriate response to this paper with the Clerk's office of the U.S. Bankruptcy Court for the District of Puerto Rico. If no objection or other response is filed within the time allowed herein, the paper will be deemed unopposed and may be granted unless: (i) the requested relief is forbidden by law; (ii) the requested relief is against public policy; or (iii) in the opinion of the Court, the interest of justice requires otherwise.

#### CERTIFICATE OF SERVICE

I CERTIFY, that on this same date a copy of this Notice was filed with the Clerk of the Court using the CM/ECF system which will send notice of same to the Chapter 13 Trustee, the US Trustee's Office, and to all CM/ECF participants; I also certify that a copy of this notice was sent via regular US mail to the Debtor and to all creditors and interested parties appearing in the master address list (CM/ECF non-participants), hereby attached.

RESPECTFULLY SUBMITTED. In San Juan, Puerto Rico, this 29th day of January, 2024.

/s/Roberto Figueroa Carrasquillo

USDC #203614 RFIGUEROA CARRASQUILLO LAW OFFICE PSC ATTORNEY for the DEBTOR PO BOX 186 CAGUAS PR 00726 TEL NO 787-744-7699/787-963-7699

Email: rfc@rfigueroalaw.com

Fill	in this information to identify your o	ase:						
Det	otor 1 JOSE HIRAI	M ANDRADES MALDO	ONADO		_			
1000	otor 2			-	_			
Uni	ted States Bankruptcy Court for the	: DISTRICT OF PUER	TO RICO		_			
	3:20-bk-4827		-				d filing	postpetition chapter
O:	fficial Form 106I					MM / DD/ Y		ormig dato.
	chedule I: Your Inc	ome				WIWI / DD/ 1	111	12/1
sup	is complete and accurate as pos- plying correct information. If you use. If you are separated and you ch a separate sheet to this form.  11: Describe Employment	are married and not fili	ng jointly, and your	spouse de infor	is living mation	g with you, incl about your spo	ude informa ouse. If mor	ation about your re space is needed,
1.	Fill in your employment information.		Debtor 1			Debtor 2	or non-filin	ng spouse
	If you have more than one job,	Employment status				Emp	oyed	
	attach a separate page with information about additional	Employment status	Not employed			☐ Not €	employed	
	employers.	Occupation	Fireman					
	Include part-time, seasonal, or self-employed work.	Employer's name	Cuerpo de Bomb	eros de	PR			
	Occupation may include student or homemaker, if it applies.	Employer's address	PO Box 13325 San Juan, PR 00	908-33	25			
		How long employed t	here? 25 Year	(s) 0 M	onth(s)			
Par	2: Give Details About Mor	nthly Income						
Estinunle:	mate monthly income as of the da ss you are separated. u or your non-filing spouse have me a space, attach a separate sheet to	ate you file this form. If y						
	<b>30</b> (5) (50)				F	or Debtor 1	For Debt	or 2 or g spouse
2.	List monthly gross wages, sala deductions). If not paid monthly,	ry, and commissions (b calculate what the month	efore all payroll ly wage would be.	2.	\$_	3,448.00	\$	N/A
3.	Estimate and list monthly over	lime pay.		3.	+\$ _	0.00	+\$	N/A
4.	Calculate gross Income. Add li	ne 2 + line 3.		4.	\$_	3,448.00	\$	N/A

				For	Debtor 1		ebtor 2 or iling spouse
	Cop	y line 4 here	4.	\$_	3,448.00	\$	N/A
5.	List	all payroll deductions:					
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	496.30	\$	N/A
	5b.	Mandatory contributions for retirement plans	5b.	\$	0.00	\$	N/A
	5c.	Voluntary contributions for retirement plans	5c.	\$	0.00	\$	N/A
	5d.	Required repayments of retirement fund loans	5d.	\$	0.00	\$	N/A
	5e.	Insurance	5e.	\$	56.20	\$	N/A
	5f.	Domestic support obligations	5f.	\$	0.00	\$	N/A
	5g.	Union dues	5g.	\$	20.00	s —	N/A
	5h.	Other deductions. Specify: GPR Plan Aport Definidas	5h.+	-	293.08	-	N/A
	1,5000	Ahorros AEELA		s	103.44	š —	N/A
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5q+5h.	6.	s –	969.02	s	N/A
7.	Calc	ulate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	2,478.98	\$	N/A
8.	List 8a.	all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.					
	01		8a.	\$_	85.17	\$	N/A
	8b. 8c.	Interest and dividends Family support payments that you, a non-filing spouse, or a depender regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement,	8b. nt	\$_ s	0.00	\$ \$	N/A
	8d.	Unemployment compensation	8d.	s –	0.00	s —	N/A
	8e.	Social Security	8e.	s –	0.00	\$	N/A
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistant that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:		s_	0.00	\$	N/A
	8g.	Pension or retirement income	8g.	s –	0.00	\$	N/A
	8h.	Other monthly income. Specify: Christmas Bonus \$600.00/12	8h.+	-	50.00	+ \$	N/A
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	135.17	\$	N/A
10.	Calcu Add t	ulate monthly income. Add line 7 + line 9. he entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$	2	2,614.15 + \$_		N/A = \$ 2,614.15
11.	Includ	all other regular contributions to the expenses that you list in Schedul de contributions from an unmarried partner, members of your household, you friends or relatives.  It include any amounts already included in lines 2-10 or amounts that are no ify:	ur depend				nedule J. 11. +\$0.00
12.	Add to Write applie	the amount in the last column of line 10 to the amount in line 11. The restant amount on the Summary of Schedules and Statistical Summary of Certains	esult is th ain Liabil	e con ities a	bined monthly in nd Related <i>Data</i>	come.	12. \$2,614.15
13.	Do yo	ou expect an increase or decrease within the year after you file this form No.  Yes. Explain:	n?		5		Combined monthly income

Fill	in this information to identify your case:				
Det	JOSE HIRAM ANDRADES MALDONADO		heck if t	his is: mended filing	
7/200	otor 2	_   1	Asu	pplement showi	ng postpetition chapter 13
(Sp	ouse, if filing)		expe	nses as of the f	ollowing date:
Uni	ted States Bankruptcy Court for the: DISTRICT OF PUERTO RICO		MM	DD / YYYY	<del></del>
Cas	se number 3:20-bk-4827				
(If k	cnown)				
-					
0	fficial Form 106J				
S	chedule J: Your Expenses				12/15
Be info	as complete and accurate as possible. If two married people are filing toge primation. If more space is needed, attach another sheet to this form. On the known). Answer every question.	ther, both are o	equally r tional pa	esponsible for ges, write your	supplying correct
	Describe Your Household				
1.	Is this a joint case?  No. Go to line 2.				
	Yes. Does Debtor 2 live in a separate household?				
	□ No				
	Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separat	e Household of	Debtor 2	E.	
2.	Do you have dependents? 🖂 No				
	Do not list Debtor 1 and Debtor 2. Fill out this information for each dependent Dependent Debtor 1 or	t's relationship to r Debtor 2		ependent's ge	Does dependent live with you?
	Do not state the				∐ No □ Yes
	dependents names.		-		□ res
					Yes
					□ No
					☐ Yes
					Yes
3.	Do your expenses include expenses of people other than yourself and your dependents?				Kitata
	Estimate Your Ongoing Monthly Expenses imate your expenses as of your bankruptcy filing date unless you are using	this form as a	supple	ment in a Chap	ter 13 case to report
exp	enses as of a date after the bankruptcy is filed. If this is a supplemental Sc licable date.				
	ude expenses paid for with non-cash government assistance if you know t	he			Marie Valley
	ue of such assistance and have included it on Schedule I: Your Income ficial Form 106I.)			Your expen	ses
8))					
4.	The rental or home ownership expenses for your residence. Include first may payments and any rent for the ground or lot.		. \$		367.00
	If not included in line 4:				
	4a. Real estate taxes	4a	. \$		0.00
	4b. Property, homeowner's, or renter's insurance		. \$		0.00
	4c. Home maintenance, repair, and upkeep expenses	4c			0.00
5.	<ol> <li>Homeowner's association or condominium dues</li> <li>Additional mortgage payments for your residence, such as home equity los</li> </ol>	4d ans 5	. \$ — . \$		0.00
		~	: 22 <del></del>		2

. Util	ities:			
. Otili 6a.	Electricity, heat, natural gas	6a.	\$	180.00
6b.	Water, sewer, garbage collection	6b.	-	45.00
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c.	#	88.17
6d.	Other, Specify: Gas	6d.	<b>共動</b> ( <del>)                                     </del>	0.07
	d and housekeeping supplies	- 7.	1000	541.92
	dcare and children's education costs	8.		0.00
	thing, laundry, and dry cleaning		\$	74.00
	sonal care products and services	10.	-	100.00
	lical and dental expenses	11.		120.00
	nsportation. Include gas, maintenance, bus or train fare.	14.	Φ	130.00
	not include car payments.	12.	\$	320.17
	ertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	40.22
	ritable contributions and religious donations	14.	50 to 10 to	40.00
	urance.	25.35		
	not include insurance deducted from your pay or included in lines 4 or 20.			
	. Life insurance	15a.	\$	0.00
15b	Health insurance	15b.		0.00
15c	Vehicle insurance	15c.	0930	0.00
15d	. Other insurance. Specify:	15d.		0.00
	es. Do not include taxes deducted from your pay or included in lines 4 or 20.			
	cify:	16.	\$	0.00
	allment or lease payments:	70	* <del></del>	
	. Car payments for Vehicle 1	17a.	\$	
	. Car payments for Vehicle 2	17b.	\$	0.00
17c	Other. Specify:	17c.	\$	0.00
	Other. Specify:	17d.	\$	0.00
	r payments of alimony, maintenance, and support that you did not report as	202 500		
	ucted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	\$	0.00
	er payments you make to support others who do not live with you.	10021	\$	0.00
	cify:	19.		
	er real property expenses not included in lines 4 or 5 of this form or on Sched			0.00
	. Mortgages on other property	20a.		0.00
	. Real estate taxes	20b.		0.00
	Property, homeowner's, or renter's insurance	20c.	0.574	
	. Maintenance, repair, and upkeep expenses	20d.		0.00
	. Homeowner's association or condominium dues	20e.		0.00
. Oth	er: Specify:	_ 21.	+\$	0.00
2. Cal	culate your monthly expenses			
	. Add lines 4 through 21.		S	1,953.15
22b	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		s	
	Add line 22a and 22b. The result is your monthly expenses.		s	1,953.15
	5 8 8			1,500.10
	culate your monthly net income.			S 31 170-74
	. Copy line 12 (your combined monthly income) from Schedule I.	23a.		2,614.15
23b	. Copy your monthly expenses from line 22c above.	23b.	-\$	1,953.15
-	With T			
23c	Subtract your monthly expenses from your monthly income.	00-		664.00
	The result is your monthly net income.	23c.	2	661.00
For e	you expect an increase or decrease in your expenses within the year after you example, do you expect to finish paying for your car loan within the year or do you expect your mification to the terms of your mortgage?  No.			ase or decrease because of a
$\sim$	Yes. Explain here: NONE			

### United States Bankruptcy Court District of Puerto Rico

In re	JOSE HIRAM ANDRADES MALDONADO		Case No.	3:20-bk-4827	
		Debtor(s)	Chapter	13	

### BUSINESS INCOME AND EXPENSES

BUSINESS INCOME	AND EXPENSES		
FINANCIAL REVIEW OF THE DEBTOR'S BUSINESS (NOTE	: ONLY INCLUDE information d	irectly related to the busine	ss operation.)
PART A - GROSS BUSINESS INCOME FOR PREVIOUS 12 MONT	THS:		
1. Gross Income For 12 Months Prior to Filing:	S		
PART B - ESTIMATED AVERAGE FUTURE GROSS MONTHLY I	NCOME:		
2. Gross Monthly Income		\$	291.67
PART C - ESTIMATED FUTURE MONTHLY EXPENSES:			
3. Net Employee Payroll (Other Than Debtor)	\$		
4. Payroll Taxes			
5. Unemployment Taxes	2 =		
6. Worker's Compensation			
7. Other Taxes			
8. Inventory Purchases (Including raw materials)		0.00	
9. Purchase of Feed/Fertilizer/Seed/Spray			
10. Rent (Other than debtor's principal residence)	44.		
11. Utilities		0.00	
12. Office Expenses and Supplies	20		
13. Repairs and Maintenance		50.30	
14. Vehicle Expenses	<u> </u>	138.50	
15. Travel and Entertainment			
16. Equipment Rental and Leases			
17. Legal/Accounting/Other Professional Fees	-		
18. Insurance			
19. Employee Benefits (e.g., pension, medical, etc.)	1		
20. Payments to Be Made Directly By Debtor to Secured Creditors For Pre-Peti	ition Business Debts (Specify):		
DESCRIPTION	TOTAL		
21. Other (Specify):			
DESCRIPTION	TOTAL		
Food-at-work	10.87		
Work Uniform	6.83		
22. Total Monthly Expenses (Add items 3-21)		s	206.50
PART D - ESTIMATED AVERAGE NET MONTHLY INCOME:			1,000
23. AVERAGE NET MONTHLY INCOME (Subtract item 22 from item 2)		s	85.17

Debtor 1  Debtor 2 (Spouse if, filing)  United States Bankruptcy Court for the:  DISTRICT OF PUERTO RICO  Case number (if known)  Official Form 106Dec  Declaration About an Individual Debtor's Schedules  If two married people are filing together, both are equally responsible for supplying correct information.  You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, cotaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.	
Debtor 2 (Spouse if, filling) First Name Middle Name Last Name  United States Bankruptcy Court for the: DISTRICT OF PUERTO RICO  Case number (If known) Schedules  Official Form 106Dec  Declaration About an Individual Debtor's Schedules  If two married people are filling together, both are equally responsible for supplying correct information.  You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, cobtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to	
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Case number (if known)  Check if this is an amended filling  Check if this is an amended filling	
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Sign Below	or 20
Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?	or 20
⊠ No	or 20
Yes. Name of person Attach Bankruptcy Petition Preparer's Notice	or 20
Declaration, and Signature (Official Form 1	20

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

Signature of Debtor 2

Date

X /s/ JOSE HIRAM ANDRADES MALDONADO JOSE HIRAM ANDRADES MALDONADO

Signature of Debtor 1

Date January 29, 2024

Label Matrix for local noticing 0104-3 Case 20-04827-EAG13 District of Puerto Rico Old San Juan Thu Jan 25 10:08:34 AST 2024 BANCO POPULAR PR - SPECIAL LOANS PO BOX 362708

SAN JUAN, PR 00936-2708

US Bankruptcy Court District of P.R. Jose V Toledo Fed Bldg & US Courthouse 300 Recinto Sur Street, Room 109 San Juan, PR 00901-1964

Banco Popular de Puerto Rico Special Loans Department (749) PO Box 362708 San Juan, PR 00936-2708

Island Finance PO Box 71504 San Juan, PR 00936-8604

SBA US Small Business Administration PO Box 3918 Portland, OR 97208-3918

Synchrony Bank c/o of PRA Receivables Management, LLC PO Box 41021 Norfolk, VA 23541-1021

MONSITA LECAROZ ARRIBAS OFFICE OF THE US TRUSTEE (UST) OCHOA BUILDING 500 TANCA STREET SUITE 301 SAN JUAN, PR 00901

(p) ASOCIACION DE EMPLEADOS DEL ELA ATTN IRITZA ORTIZ ECHEVARRIA PO BOX 364508 SAN JUAN PR 00936-4508

(p) RODRIGUEZ FERNANDEZ LAW OFFICE LLC ATTN ISLAND PORTFOLIO AS SERVICER OF FAIRWAY ACQUI PO BOX 366818 P 0 BOX 361110

Banco Popular de Puerto Rico Mortgage Servicing Department PO Box 362708

San Juan, PR 00936-2708

SAN JUAN PR 00936-1110

Citibank, N.A. 5800 S Corporate Pl Sioux Falls, SD 57108-5027

POPULAR AUTO BANKRUPTCY DEPARTMENT PO BOX 366818 SAN JUAN PUERTO RICO 00936-6818

Sistema de Retiro-Bomberos PO Box 42003 San Juan, PR 00940-2203

Thd/Cbna PO Box 6497 Sioux Falls, SD 57117-6497

OSMARIE NAVARRO MARTINEZ CHAPTER 13 TRUSTEE PO BOX 9024062 SAN JUAN, PR 00902-4062

BANCO POPULAR DE PUERTO RICO MARTINEZ & TORRES LAW OFFICES, P.S.C. PO BOX 192938 SAN JUAN, PR 00919-3409

POPULAR AUTO SAN JUAN, PR 00936-6818

Banco Popular de Puerto Rico PO BOX 192938 SAN JUAN, PR 00919-3409

EASTERN AMERICA INSURANCE PO BOX 9023862 SAN JUAN, P.R 00902-3862

(p) PORTFOLIO RECOVERY ASSOCIATES LLC PO BOX 41067 NORFOLK VA 23541-1067

Syncb/Sams Club DC PO Box 965005 Orlando, FL 32896-5005

JOSE HIRAM ANDRADES MALDONADO HC1 BOX 4496 NAGUABO, PR 00718-9527

ROBERTO FIGUEROA CARRASQUILLO PO BOX 186 CAGUAS, PR 00726-0186

The preferred mailing address (p) above has been substituted for the following entity/entities as so specified by said entity/entities in a Notice of Address filed pursuant to 11 U.S.C. 342(f) and Fed.R.Bank.P. 2002 (g) (4).

AEELA PO BOX 364508 SAN JUAN, PR 00936-4508

ISLAND PORTFOLIO SERVICES LLC AS SERVICER OF PO BOX 361110 SAN JUAN, PR 00936

(d) AEELA PO Box 364508 San Juan, PR 00936-4508 (d)Island Portfolio Services, LLC as servicer PO BOX 361110 San Juan PR 00936 Portfolio Recovery Associates, LLC POB 12914 Norfolk VA 23541

The following recipients may be/have been bypassed for notice due to an undeliverable (u) or duplicate (d) address.

(d)Popular Auto PO Box 366818 San Juan, PR 00936-6818 End of Label Matrix
Mailable recipients 23
Bypassed recipients 1
Total 24